

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

73 County Newton
Township Neosho

Registration District No. 609
Primary Registration District No. 5808

File No. 27155Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Margaret Caroline Adams

(a) Residence, No. _____

St. _____

Ward _____

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Gayley Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 83 MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicester

13. NAME Edward Robb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicester

15. MAIDEN NAME Martha Underwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicester

17. INFORMANT (ADDRESS) John Adams R.R. 4 Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Booth Cem DATE Aug 21, 1933

19. UNDERTAKER (ADDRESS) Bushenies Neosho Mo

20. FILED Sept 4, 1933 E.M. Roseberry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1930 to Aug 20, 1933

I last saw her alive on Aug 18, 1933 Death is said to have occurred on the date stated above, at 2:05 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. J. Foster, M. D.

(Address) Neosho Mo

